ARIZONA FORM

Arizona Estate Tax Return

ATTACH A COPY OF FEDERAL ESTATE TAX RETURN - FORM 706

76
Rev (97)
FOR ESTATES OF RESIDENT AND NONRESIDENT DECEDENTS WHEN DATE
OF DEATH IS ON OR AFTER JANUARY 1, 1980.

Mail to: Estate Tax Unit, Arizona Department of Revenue,1600 W Monroe, Room 610, Phoenix AZ 85007-2650

Make checks payable to: Arizona Department of Revenue

Estate o	f: (last name, first name, middle initial)		Date of death				
Street address Apar			rtment number	Probate number - county			
City	(State	ZIP code	Social security numl	Social security number of decedent		
		Estate's federal identification number		er			
Compu	utation of Tax for Estate of Arizona Reside	ent Decedent					
1	Credit for state death taxes (from federal Form)			1			
2	Estate or inheritance tax actually paid to other s						
3	Gross value of property in other states						
4	Value of gross estate (from federal Form 706)						
5	Divide line 3 by line 4			%			
6	Prorated credit (line 1 multiplied by line 5)						
7	Deduction allowable (Enter the SMALLER of line			7			
8	Estate tax payable to Arizona (line 1 less line 7)			8			
9	Prior tax payments (attach a schedule of date(s,			9			
10	Balance of tax due or overpayment			10			
11	Penalty and interest						
12	TOTAL DUE			12			
13	OVERPAYMENT			13			
Compu	tation of Tax for Estate of Nonresident De	ecedent					
14	Credit for state death taxes (from federal Form	706)			14		
15	Gross value of property in Arizona (attach a schoor identify on attached federal Form 706)	15					
16	Value of gross estate (from federal Form 706)	16					
17	Divide line 15 by line 16		%				
18	Estate tax payable to Arizona (line 14 multiplied	·		18			
19	Prior tax payments (attach a schedule of date(s,			19			
20	Balance of tax due or overpayment			20			
21	Penalty and interest			21			
22	TOTAL DUE			22			
23	OVERPAYMENT				23		
	penalty of perjury, I declare that I have examined this remplete. If prepared by a person other than the Personal					ief, it is true, correct	
PERSONAL REPRESENTATIVE			PREPARER (If other than Personal Representative)				
Name (Typed or printed) Social security number			Name (Typed or printed) Preparer's TIN				
Address			Address				
City State ZIP code		City	State	State ZIP code			
Personal representative's signature Date			Preparer's signature Date				
Phone number			Phone number				